



COMMONWEALTH OF MASSACHUSETTS
DISTRICT ATTORNEY JONATHAN W. BLODGETT



Intern Application Form

All questions in this application must be answered in order for you to be considered an applicant for an internship. Please attach a cover letter, resume and references or any additional information you feel might favorably affect consideration of your application.

Please type or print all information.

Name				Home Telephone #		Social Security #	
(Last)	(First)	(Middle)	(Maiden Name)				
Home Address							
(No.)	(Street)	(City)	(State)	(Zip Code)			
College				College Telephone #			
(Contact person)							
College Address							
(No.)	(Street)	(City)	(State)	(Zip Code)			
Is this part of a clinical program for school? YES ___ NO ___				Question for 2nd & 3rd year law students only Have you applied for 3:03 Certification? YES ___ NO ___			
How were you referred to the District Attorney's Office? Self ___ School ___ Posting ___ Employee ___ If employee, please give name:							
Have you ever applied for a position at the Eastern District Attorney's Office? YES ___ NO ___ If YES, please give location and date:							
Do you have access to an automobile? YES ___ NO ___				Do you have access to public transportation? YES ___ NO ___			

Date(s) Available:		Length of Internship:	
Check days available to work: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Additional comments:			
Enter hours available to work: Monday ____:____ to ____:____ Tuesday ____:____ to ____:____ Wednesday ____:____ to ____:____ Thursday ____:____ to ____:____ Friday ____:____ to ____:____ Additional comments:			

I hereby certify that the facts set forth in the above intern application are true and complete to the best of my knowledge and authorize the Essex District Attorney's Office to verify their accuracy.	
I understand that if falsified statements of any kind or omissions of facts called for in this intern application shall be considered sufficient basis for termination.	
I understand that any internship offered is at will and that either I or the Essex District Attorney's Office may terminate the internship at anytime with or without notice.	
I acknowledge that the Essex District Attorney's Office requires a criminal background check on all prospective interns as a condition of their acceptance into the internship program. <u>See</u> G.L. c. 6, s. 172(a)(1).	
Signature: _____	Date: _____